MULTIPLE DE NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

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| 1            | 52              |                 |             |                   |              |              | 361.           |
|              | 53              |                 |             |                   |              |              |                |
| I            | 54              |                 |             |                   |              |              |                |
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| ]            | 62              |                 |             |                   |              |              |                |
| J [          | 63              |                 |             | -                 |              |              | -              |
| 4 C          | 64              |                 |             |                   |              |              |                |
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| TOTAL IND    |                 | ♥               | - 1         | 41                |              | <b>#</b> 7   | $\Delta$       |
| TOTAL DEP    |                 |                 |             | _                 |              | _            | _              |
| TOTAL        | 188             |                 |             |                   | •            |              |                |
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